

## 1. Nationwide Mortgage Licensing System and Registry Survey

If you hold both CRMLA and CFLL licenses, only one combined report is necessary. (Please provide current information.)

1. Company Name:

2. CRMLA License Number (41????? number appearing on the Department's letter in upper right hand corner):

3. CFL License Number (988???? or 60????? number appearing on the Department's letter in upper right hand corner):

4. Survey Contact Person:

5. Title of Contact Person:

6. Email Address of Contact Person:

7. Phone Number of Contact Person:

Sample Survey

## 2. Survey

8. Did you make, arrange or service any residential mortgage loans as defined by the SAFE Act?

☐ Yes

☐ No

Sample Survey

### 3. Survey

9. Are you a depository Financial Institution or a subsidiary owned and controlled by a depository institution whose deposits are insured by FDIC or NCUA?

☐ Yes. Please provide the name of the financial institution.

☐ No

Financial Institution

Sample Survey

## 4. Survey

10. How many mortgage loan originators do you employ for each activity?

Please enter the number of mortgage loan originators based on their primary activity. Do not count your mortgage loan originators in more than one category.

Lending

Brokering

Servicing

Sample Survey

## 5. Survey

11. Do you employ mortgage loan originators who are licensed by the Department of Real Estate?

☐ Yes

☐ No

Sample Survey

## 6. Survey

12. Is your company already participating in NMLS&R because of another state?

☐ Yes. Please provide your NMLS&R Unique Identifier below.

☐ No

NMLS&R Unique Identifier

Sample Survey

## 7. Survey

13. Are your mortgage loan originators already licensed or registered with NMLS&R?

☐ Yes

☐ No

Sample Survey

## 8. Survey

14. Please provide information relating to the previous question.

Number of California  
mortgage loan originators  
with unique identifier.

Number of California  
mortgage loan originators  
without unique identifier

Sample Survey



## 9. Contact Information

15. Please submit information regarding your company's Government Relations Officer, Public Information Officer or comparable representative. This individual will be contacted for; meetings with the Commissioner and Department representatives, requests for information and the dissemination of significant information from the Department of Corporations.

Name:

Title:

Company:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

Sample Survey

# 10. Thank You

Thank you for responding to the Department of Corporations' S.A.F.E. Survey.

Sample Survey